@PFDesktop\::ODMA/MHODMA/HBSR05;iManage;614265;1 DEB/PGA/KAC/cb March 27, 2006 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

licant:

Walter Newman

Application No.:

10/717,984

Group:

1644

Filed:

November 20, 2003

Examiner: Maher M. Haddad, Ph.D.

Confirmation No.:

8906

For:

HMGB1 COMBINATION THERAPIES

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

MARCH 27, 2006

Date

Signature

CHRISTINE A. BUDD

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment and Reply to Restriction Requirement for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and [] 1.27 is enclosed.

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OTHER THAN

## The claims fee has been calculated as shown below:

						_		SMAL	L ENTITY	_	SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	·	PRE	HEST NO. VIOUSLY ID FOR			R	АТЕ	ADDIT. FEE	<u>OR</u>	R	ATE	ADDIT FEE
TOTAL	20	MINUS	*	34	0		х	\$ 25	\$		х	\$50	\$
INDEP	1	MINUS	**	4	0		x	\$100	\$		x	\$200	\$
	FIRST PRESENT	ATION O	F MUI	TIPLE DE	P. CLAIM		+	\$180	\$		+	\$360	\$
			,	* not fev	ver than 20	_							

\*\* not fewer than 3

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

1.01	H. J. A. N. G.	No. of	SMALL ENTITY			OTHER THAN SMALL ENTITY				
Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	Additional Units Required (Increments of 50 sheets)	Rate	Total Amount Owed		Rate	Total Amount Owed		Payment Sufficient for up to	
			X \$125	\$[ ]		X \$250	<b>\$</b> [ ]		[ ] Sheets	

## **Petition for Extension of Time**

- [X] Applicant hereby petitions to extend the time to respond to the Restriction Requirement dated January 25, 2006 for one month from February 25, 2006 to March 25, 2006. The appropriate fee is set forth below.
- [ ] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

Plea	se ch	arge Deposit Account No. 08-0380 for the following fees:		
[	1	Petition for [ ] month Extension of Time	\$	
- آ	]	Claims Fee	\$	
- [	]	Application Size Fee	\$	
- آ	]	Other Fees:		
-	-		\$	
			\$	
		TOTAL:	\$	00
		s enclosed in payment of the following fees:	_	100
[	X ]	Petition for a one-month Extension of Time	\$	120
[	]	Claims Fee	\$	
[	]	Application Size Fee	\$	
[	]	Other Fees:		
			\$	<del></del>
			\$	
		TOTAL:	\$	120
[X]	mat	ase charge any deficiency or credit any overpayment in the fees that may be ster to Deposit Account No. 08-0380. A copy of this letter is enclosed for poses.  Respectfully submitted,  HAMILTON, BROOK, SMITH & REYNOLD	accounting	

Kristin A. Connarn Registration No.: 57,025 Telephone (978) 341-0036 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133 Dated: March 27, 2006